

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY PUBLIC

November 4, 2025

[REDACTED]
MENTOR ABI LLC
[REDACTED]

RE: NEURORESTORATIVE
PENNSYLVANIA
1331 DUTCH ROAD
FAIRVIEW, PA, 16415
LICENSE/COC#: 44818

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/06/2025 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *NEURORESTORATIVE PENNSYLVANIA* License #: *44818* License Expiration: *04/22/2026*
 Address: *1331 DUTCH ROAD, FAIRVIEW, PA 16415*
 County: *ERIE* Region: *WESTERN*

Administrator

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: *MENTOR ABI LLC*
 Address: [Redacted]
 Phone: [Redacted] Email: [Redacted]

Certificate(s) of Occupancy

Type: *R 3* Date: *10/24/2016* Issued By: *Fairview Township*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *7* Waking Staff: *5*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Complaint, Incident* Exit Conference Date: *08/06/2025*

Inspection Dates and Department Representative

08/06/2025 On Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *5* Residents Served: *5*
 Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:
 Hospice
 Current Residents: *0*
 Number of Residents Who:
 Receive Supplemental Security Income: *4* Are 60 Years of Age or Older: *0*
 Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *2*
 Have Mobility Need: *2* Have Physical Disability: *2*

Inspections / Reviews

08/06/2025 - Full
 Lead Inspector: [Redacted] Follow Up Type: *POC Submission* Follow Up Date: *09/12/2025*

Inspections / Reviews (*continued*)

09/13/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/31/2025

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 09/19/2025

09/16/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/31/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 10/31/2025

11/04/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/31/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

3c Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

The home's License Inspection Summary, dated [REDACTED] was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept [REDACTED] - 09/16/2025)

- The home's most recent License Inspection Summary (LIS) was posted on the home's bulletin board on 8/6/25 **by the Program Manager**
- The Program Manager will continue to complete a Weekly Walk Through
- Program Manager will be responsible for posting the license upon receipt

Licensee's Proposed Overall Completion Date: 09/15/2025

Implemented [REDACTED] - 11/04/2025)

16c Written Incident Report

2. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED], resident [REDACTED] had an accident in the shower when the utility bar on the recessed ceramic soap holder broke, resulting in a broken piece of ceramic cutting the resident's ankle. Resident [REDACTED] required medical attention and was transported to the hospital via ambulance, where [REDACTED] received 8 stitches. The home did not report this incident to the Department.

Plan of Correction

Accept [REDACTED] - 09/16/2025)

7/7/25 The Program submitted the reportable to the department.

7/16/25 The Program updated it's Daily Review Call Agenda to include reviewing falls and the status of the Falls Checklist.

The Program will continue to review Fall Checklists daily as part of the Daily Review Call on business days.

Licensee's Proposed Overall Completion Date: 09/15/2025

Implemented [REDACTED] - 11/04/2025)

20b8 Quarterly Account

3. Requirements

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

20b8 Quarterly Account (continued)

8. The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

Description of Violation

Resident [redacted] has not received a quarterly account of financial transactions.

Plan of Correction

Accept [redacted] - 09/13/2025)

- Resident [redacted] was provided a quarterly account of financial transactions on 8/28/25
- Case Manager will audit participant files by 10/3/25 to ensure quarterly statements are issued that month The quarterly statements will be maintained in the participant record.
- Beginning in October, the program will implement Quarterly Statement reviews to match the Fiscal Year. These will be completed every Oct., Jan., Apr., and July **by the Case Manager**

Licensee's Proposed Overall Completion Date: 09/30/2025

Implemented [redacted] - 11/04/2025)

85a - Sanitary Conditions

4. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

At 9:48a.m., there was an approximate 1/8" layer of dust and dirt on the windowsill in resident [redacted] bedroom.

There were no paper towels, mechanical hand dryer or other sanitary means of hand drying in the common bathroom near resident [redacted] and resident [redacted] bedroom.

Plan of Correction

Accept [redacted] - 09/16/2025)

- The windowsill was cleaned by the **staff on the floor** immediately during the inspection on 8/6/25.
- On 9/5/25, the program ordered paper towel dispensers that will be installed in the common bathroom. The paper towel holder will be installed on 9/16/25.
- Program Manager will provide in service to staff to review their job duties which include cleaning and refilling paper towels by 9/22/25
- Program Manager or designee will complete regular spot checks of participant bedrooms, bathrooms, and common bathrooms to ensure cleanliness. **Spot checks will be completed monthly; these will begin in October and be completed by the 31st. These will continue x 3 months.**

Licensee's Proposed Overall Completion Date: 09/22/2025

Implemented [redacted] - 11/04/2025)

88a - Surfaces

5. Requirements

2600.
88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

At 10:19a.m., the utility bar on the recessed ceramic soap holder in resident [redacted]'s bathroom shower was broken off and missing, exposing approximate 2" sharp areas of broken ceramic on the upper left and right sides of the soap holder,

88a Surfaces (continued)

posing a skin tear hazard.

At 10:23a.m., the utility bar on the recessed ceramic soap holder in the common bathroom shower was broken off and missing, exposing approximate 2" sharp areas of broken ceramic on the upper left and right sides of the soap holder, posing a skin tear hazard.

Plan of Correction

Accept [redacted] - 09/13/2025)

- The recessed soap holder of both bathrooms was repaired on 8/12/25
- The program is creating a process to utilize QR codes for maintenance requests. This will ensure all requests go directly to maintenance for timely repairs
- Staff education will be completed by Program Manager on 9/19/25 which will include new process for reporting both hazardous and standard maintenance needs
- Residential Supervisor will meet with maintenance **weekly** to review the DSU report and provide/receive any updates
- The new process will begin the week of 9/22/25

Licensee's Proposed Overall Completion Date: 09/26/2025

Implemented [redacted] - 11/04/2025)

100b - Removal Snow/Obstructions

6. Requirements

2600.

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

At 10:11a.m., there was an approximate 1/2" accumulation of leaves and debris on the exterior stairs leading to the basement.

Plan of Correction

Accept [redacted] - 09/13/2025)

- The leaves and debris were removed from the exterior stairs leading to the basement on 8/6/25
- Maintenance will ensure outside walkways, ramps, stairs, recreational areas and exterior fire escapes are cleared from debris/ice/snow and/or other hazards on a regular basis
- Staff education will be completed by Program Manager on 9/19/25 that will include utilization of the current maintenance log in the home and timely reporting to maintenance.
- The new process will begin the week of 9/22/25.

Licensee's Proposed Overall Completion Date: 09/26/2025

Implemented [redacted] - 11/04/2025)

101j3 - Bed/Linens/Pillows/Blankets

7. Requirements

101j3 - Bed/Linens/Pillows/Blankets (continued)

2600.

101.j. Each resident shall have the following in the bedroom:

- 3. Pillows, bed linens and blankets that are clean and in good repair.

Description of Violation

Resident [redacted]'s pillow was ripped on one side, causing the stuffing to overflow out onto the bed and the floor.

Plan of Correction

Accept [redacted] - 09/13/2025)

- Resident [redacted]'s pillow was replaced on 8/6/25
- Staff will promptly report any rips/tears or absence of pillows, bed linens, and blankets during bedding changes so that they can be replaced
- Additional pillows or linens were ordered so that we have extras on-hand when quick replacements are needed
- Education will be provided to staff so that expectations for reporting rips, tears, or absence of essential bedding items are reviewed on 9/22/25
- The program's Weekly Walk Through form will be updated to include checking the pillows to ensure they aren't torn and are in good condition.
- The form will be updated by 9/22/25
- The updated form will go into effect the week of 9/22/25.

Licensee's Proposed Overall Completion Date: 09/26/2025

Implemented [redacted] - 11/04/2025)

103e - Left Overs

8. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

At 9:57 a.m., there was an undated 1/2 full bag of hashbrowns in the main freezer.

Plan of Correction

Accept [redacted] - 09/13/2025)

- The hashbrowns were discarded at the time of the inspection by the staff in the home on 8/6/25
- Education will be completed with the staff on the regulations and the requirements for covering and dating open food. Education will be completed by Program Manager by 9/19/25
- On 8/28/25, the Program updated its Weekly Walk Through form to include "All Freezers, Refrigerators, and Cupboards have been checked and all food has open dates and are sealed appropriately
- The updated form will begin being utilized the week of 9/15/25

Licensee's Proposed Overall Completion Date: 09/19/2025

Implemented [redacted] - 11/04/2025)

103g - Storing Food

9. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

103g - Storing Food (continued)

Description of Violation

At 9:57a.m., there was an open and unsealed box of frozen sausage in the main freezer.

Plan of Correction

Accept [REDACTED] - 09/13/2025)

- The frozen sausage was discarded at the time of the inspection by the staff in the home on 8/6/25
- Education will be completed with the staff on the regulations and the requirements for covering and dating open food. Education will be completed by Program Manager by 9/19/25
- On 8/28/25, the Program updated its Weekly Walk Through form to include "All Freezers, Refrigerators, and Cupboards have been checked and all food has open dates and are sealed appropriately
- The updated form will begin being utilized the week of 9/15/25

Licensee's Proposed Overall Completion Date: 09/19/2025

Implemented [REDACTED] - 11/04/2025)

121a - Unobstructed Egress

10. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

At 10:10a.m., excessive force was needed to open the basement exit door.

Plan of Correction

Accept [REDACTED] - 09/13/2025)

- The basement exit door was repaired so that it opens easily, this was verified by Program Director on 9/10/25
- Staff education will be completed by Program Manager by 9/19/25 to include utilization of the current maintenance log in the home and timely reporting to maintenance
- The program's Weekly Walk Through form will be updated to include checking all egress routes to ensure none are blocked. The form will be updated by 9/12/25
- The updated form will go into effect the week of 9/22/25

Licensee's Proposed Overall Completion Date: 09/26/2025

Implemented [REDACTED] - 11/04/2025)

224a - Preadmission Screen Form

12. Requirements

2600.

224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident [REDACTED] was admitted on [REDACTED] however, the resident does not have a preadmission screening form.

Plan of Correction

Accept [REDACTED] - 09/13/2025)

- By 9/19/25 Case Manager will complete a pre-admission screening for the participant, verifying the program is able to meet the needs
- The Case Manager will complete an audit of the participant records to ensure all have a Pre-admission

224a - Preadmission Screen Form (continued)

screening. The audit will be completed by 9/26/25.

- On 9/5/25, the Case Manager was provided education on the utilization of the Admission Checklist by the Program Director.
- The checklist will be used for all admissions, effective 9/5/25.

Licensee's Proposed Overall Completion Date: 09/26/2025

Implemented [redacted] - 11/04/2025)

227c - Support Plan Revision

13. Requirements

2600.

227.c. The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment.

Description of Violation

Resident [redacted]s annual assessment was completed on [redacted] however, the resident's support plan was not completed until [redacted]

Plan of Correction

Accept [redacted] - 09/13/2025)

- Case Manager was educated by the Program Director on the requirements for RASP completion on 9/5/25.
- Case Manager will complete an audit of participant RASPs to ensure all requirements have been met. This will be completed by 9/26/25

Licensee's Proposed Overall Completion Date: 09/26/2025

Implemented ([redacted] - 11/04/2025)